

Best Available Copy

| CLAIMS ONLY | | | | | | Application Number | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------------------|---|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | |
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| 7 | 1 | | | | | | 57 | |
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| 18 | | 1 | | | | | 68 | |
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| 20 | | | 1 | | | | 70 | |
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| 22 | | | 1 | | | | 72 | |
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| 25 | | | 1 | | | | 75 | |
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| 27 | | | 1 | | | | 77 | |
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| 30 | | | 1 | | | | 80 | |
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| 50 | | | | | | | 100 | |
| Total Indep | | | | | | | Total Indep | |
| Total Depend | | | | | | | Total Depend | |
| Total Claims | | | | | | | Total Claims | |